

Robert C. Byrd Honors Scholarship Waiver for Leave of Absence Request

34 C.F.R. §654.52 (a)(3), (b)(3)

Utah State Office of Education * 250 East 500 South * P.O. Box 144200 * Salt Lake City, UT 84114-4200

Waivers must be requested eight weeks in advance of the leave of absence. One waiver will be granted.

Please read the entire form and print legibly in BLUE ink or type the top section.

Sign the form before returning it to the Utah State Office of Education.

Name: _____ Cell/Home Phone: _____

Address: _____
Street City State Zip

E-mail Address: _____

Please check your current class level: ☐ Freshmen ☐ Sophomore ☐ Junior ☐ Senior

Current Institution and Address: _____

Student ID#: _____

Reason for waiver request must be accompanied by supporting documentation.

- ☐ Study Abroad (not affiliated with an institution of higher education)
 - o A letter from the organization who will sponsor the study abroad program
 - o First-year enrollment verification (print-out **must** have school logo)
- ☐ Illness
 - o A physician's statement
 - o First-year enrollment verification
- ☐ Religious/Charitable Service
 - o A copy of the official letter from the Church/Organization Office
 - o First-year enrollment verification
- ☐ Military
 - o Active duty papers from your military unit
 - o First-year enrollment verification

I understand that if granted this waiver, I must return to my institution of higher education within twelve months in the semester immediately following the approved leave of absence. I understand that I must inform the Utah State Office of Education in writing of any changes in circumstances relative to my leave of absence or risk losing my scholarship. If my military or religious or charitable service is extended beyond the twelve months, I must provide written notification to Utah State Office of Education requesting an exceptional circumstances extension with appropriate supporting documentation. Exceptional circumstances extension must be requested eight weeks prior to the end of your waiver.

Signature _____ Date _____

To Be Completed By the Utah State Office of Education

Begin Waiver Date _____ End Waiver Date _____ Award Year _____

☐ Approved ☐ Denied _____
Scholarship Advisor Date

Note

